



STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT
Office of Manufactured Housing
PO Box 42525 Olympia WA 98504-2525
360-725-2971 or 1-800-964-0852

APPLICATION FOR MANUFACTURED HOME INSTALLER

- **TRAINING AND CERTIFICATION**
- **CERTIFICATION RENEWAL**

1. Purpose of Application

Please check boxes that apply

Installer Certification

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Installer Training Class & Certification Exam | \$200 | <input type="checkbox"/> Certification Renewal | \$100 |
| <input type="checkbox"/> Audit Installer Training Class (Section 2) | \$100 | <input type="checkbox"/> Late Application Fee | \$ 20 |
| <input type="checkbox"/> Audit Installer Training Class (Section 2)
(Local Government Building Inspectors) | \$ 50 | <input type="checkbox"/> Installer Certification Manual
(Complete Section 2) | \$ 10 |

2. Applicant Information

Please print clearly or type

All applicants must complete

APPLICANT NAME (First, Middle Initial, Last)

☐ Mr.

☐ Ms.

☐ Mrs.

Mailing

Address:

Home Phone: _____

(check one)

☐ Home

☐ Business

City _____

State _____

Zip Code _____

Business

Name: (If applicable) _____

Business

Phone: _____

Applicant is ☐ owner ☐ employee of this business.

E-mail Address: _____

3. Certification Information

Applicants for Certification (first time or renewal) must complete

Are you now or have you been certified to install manufactured homes in Washington State? ☐ Yes ☐ No

If **yes**, what was the last WAINS number issued to you?

WAINS _____

If **no**, list your experience in the appropriate box. (REQUIREMENT: 6 mos. hands-on installation or 2 years residential construction)

_____ Months _____ Years

☐ Hands on installation

☐ Residential construction

☐ Both

Social Security No. _____

(Required for certification)

Date & Signature

All information on this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

4. Class Preference *Applications not post-marked by the cut-off date must include \$20 late application fee.*

Location _____ Dates _____

*Make checks/money order payable to **CTED** and mail to:*

CTED/Office of Manufactured Housing
PO Box 42525
Olympia, Washington 98504-2525

OFFICE USE ONLY

☐ Application Accepted WAINS # _____

☐ Confirmation Sent Date: _____ ☐ Show ☐ No Show

☐ Payment Received Date: _____ From: _____

Exam Score _____ ☐ C & C sent Date: _____